

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response “Data Not Collected” means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name:* _____ Last Name:* _____

Middle Name: _____ Suffix: _____

- | | | |
|---|--|--|
| Name Data Quality:* | Social Security Number:* | Birthdate:* _____ |
| <input type="checkbox"/> Full Name Reported | <input type="checkbox"/> _____ | <input type="checkbox"/> Full DOB Reported |
| <input type="checkbox"/> Partial, Street Name or Code Name Reported | <input type="checkbox"/> Full SSN Reported | <input type="checkbox"/> Approximate or Partial DOB Reported |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Approximate or Partial SSN Reported | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |
| | <input type="checkbox"/> Data Not Collected | |

- | | | |
|--|--|---|
| Ethnicity:* | Race:* <i>(Select All That Apply)</i> | Gender:* |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Male |
| <input type="checkbox"/> Non-Hispanic/Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> Female |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Trans Male (FTM or Female to Male) |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Trans Female (MTF or Male to Female) |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> White | <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female) |
| If Female, Pregnancy Status:* | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Due Date: _____ | <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Client Doesn't Know | | |
| <input type="checkbox"/> Client Refused | | |
| <input type="checkbox"/> Data Not Collected | | |

- | | |
|--|--|
| Veteran Status:* | Relationship to Head of Household:* |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Self |
| <input type="checkbox"/> No | <input type="checkbox"/> Head of household's child |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Head of household's spouse or partner |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Head of household's other relation member |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Other: non-relation member |

Contact Information:

Address: _____ City/State/Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Message Phone: _____

Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member enrolled.

Project Start Date:* _____ Case Manager:* _____

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Disabling Condition:*

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

Prior Living Situation:*

HOMELESS SITUATIONS

- Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Safe Haven

INSTITUTIONAL SITUATIONS

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention center
- Long-term care facility or nursing home
- Psychiatric Hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

TEMPORARY AND PERMANENT HOUSING SITUATIONS

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (Including homeless youth)
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment or house
- Staying or living in a family member's room, apartment or house
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, with no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

OTHER

- Client Doesn't Know
- Client Refused
- Data Not Collected

Length of stay in the prior living situation:*

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client Doesn't Know
- Client Refused
- Data Not Collected

Approximate date homelessness started:* _____

Regardless of where they stayed last night – number of times the client has been on the streets, in ES, or SH in the past three years including today:*

- One Time
- Two Times
- Three Times
- Four Times
- Client Doesn't Know
- Client Refused
- Data Not Collected

Total number of months homeless on the street, in ES, or SH in the past three years:*

- One month (this time is the first month)
 - 2-12 months
 - More than 12 months
 - Client Doesn't Know
 - Client Refused
 - Data Not Collected
- Number of months (2-12):* _____

Covered by Health Insurance:*

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Type of Insurance:*

- Medicaid
- Medicare
- State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)
- Veteran's Administration (VA) Medical Services
- Health Insurance Obtained through COBRA
- Private Pay Health Insurance
- State Health Insurance for Adults (HIP or HIP 2.0)
- Indian Health Service (Native American)
- Other Public
- Other _____

Status:*

- Active
 - Start Date: _____
 - End Date: _____
- No
 - Applied; decision pending
 - Applied; client not eligible
 - Client did not apply
 - Insurance type N/A for this client
 - Client Doesn't Know
 - Client Refused
 - Data Not Collected

HMIS Barriers Assessment:*

Alcohol Abuse

Barrier Present?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Developmental Disability

Barrier Present?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Drug Abuse

Barrier Present?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

HIV/AIDS

Barrier Present?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

HIV/AIDS Continued

Condition is Indefinite?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Mental Health

Barrier Present?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Physical Disability

Barrier Present?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Chronic Health Condition

Barrier Present?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Currently Fleeing:*

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

If yes, when experience occurred:*

- Within the past three months
- Three to six months ago (excluding 6 months exactly)
- Six months to one year ago (excluding 1 year exactly)
- One year ago or more
- Client Doesn't Know
- Client Refused
- Data Not Collected

Financial Assessment:* Cash Income:* Yes No

- Earned Income \$ _____
- Unemployment Insurance \$ _____
- Supplemental Security Income \$ _____
- Social Security Disability Income \$ _____
- VA Service-Connected Disability \$ _____
- VA NonService-Connected Disability \$ _____
- Private Disability Insurance \$ _____
- Worker's Compensation \$ _____
- TANF \$ _____
- General Assistance (GA) \$ _____
- Retirement (Social Security) \$ _____
- Pension/Retirement Former Job \$ _____
- Child Support \$ _____
- Alimony/Spousal Support \$ _____
- Other Income \$ _____

Non Cash Benefits:* Yes No

- Supplemental Nutrition Assistance Program (SNAP) \$ _____
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded Services
- Other Source

Adult Education Assessment:*

Last Grade Completed:*

- Less than grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- Grade 12/High School Diploma
- School program does not have grade levels
- GED
- Some college
- Associate's degree
- Bachelor's degree
- Graduate degree
- Vocational certificate
- Client Doesn't Know
- Client Refused
- Data Not Collected

School Status:

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Client Doesn't Know
- Client Refused
- Data Not Collected

Child Education Assessment:*

Last Grade Completed:*

- Less than grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- Grade 12/High School Diploma
- School program does not have grade levels
- GED
- Some college
- Associate's degree
- Bachelor's degree
- Graduate degree
- Vocational certificate
- Client Doesn't Know
- Client Refused
- Data Not Collected

School Status:

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Client Doesn't Know
- Client Refused
- Data Not Collected

Employment Assessment:*

Employed:*

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

If Yes, Type of Employment:*

- Full-Time
- Seasonal/Sporadic (including day labor)
- Part-Time

If No, Why Not Employed:*

- Looking for Work
- Unable to Work
- Not Looking for Work

Self-Sufficiency Matrix and AMI Assessments also available.

Other helpful resources at www.IndianaBOS.org.